

**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
LIFESPAN WAIVER AMENDMENT  
PUBLIC COMMENTS FROM THE PERIOD – NOVEMBER 1- DECEMBER 19, 2016**

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
1.	Waiver Application	<p>The commenter indicated that the waiver application is complicated and hard for parents to understand because there is a lot of jargon. Also the PDF is not searchable, making it difficult for parents to search for key words.</p> <p>The summary materials on the state's website did not make it easy for families to tell how the amendment might affect their family participant with IDD.</p>	Parent	DDDS acknowledges this comment. The waiver application format is dictated by CMS and is completed electronically, using software custom developed by CMS. The electronic waiver document is not available to the public. The document can only be downloaded and saved as a PDF. DDDS created summary documents to assist stakeholders in understanding the changes to the waiver that are proposed in the amendment.	
2.	Waiver Application	<p>The summary materials on the state's website did not make it easy for families to tell how the amendment might affect their family participant with IDD.</p>	Parent	DDDS is in the process of creating an FAQ document and other communication documents that will address the transition from current processes to new processes under the Lifespan Amendment. These documents will be published on the DDDS and DMMA websites as soon as they are available.	
3.	Waiver Application	<p>The commenter indicated that throughout the waiver application, individuals enrolled in the</p>	Parents	DDDS will revise the application to consistently use the term "waiver	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		waiver were referred to as both “member” and “participant”. They recommended that one term be used consistently throughout the document.		participant” or just “participant” since this appears to be the term most consistently used by CMS in the waiver application template.	
4.	Waiver Application	The commenter pointed out that the application refers to individuals living in a non-waiver residential setting using different terminology throughout the document (“living in the family home”, “living in his/her family home”, “living in their home”, “living with their natural family”, “living at home”). The commenter indicated that this is confusing and recommended that DDDS use a standard term.	Parent	DDDS has tried to standardize the language in the application to the extent possible.	X
5.	Transition to Lifespan Waiver	The commenter expressed concern regarding the multiple changes taking place in DDDS within a small time window including: the Lifespan Amendment, Targeted Case Management, Cx360, the Lifespan Plan PCP. They advocated for DDDS to obtain input and to communicate its plans broadly.	Easter Seals	DDDS acknowledges this comment and will endeavor to continue to seek stakeholder input and to use multiple and varied means of communication with all stakeholders.	
6.	Transition of Lifespan waiver	The commenter encouraged DDDS to communicate with families regarding respite or personal care services that will take place in FY18 that DDDS has already authorized.		DDDS will coordinate with the TCM vendor(s) and the Agency with Choice Broker for the self-directed option for Community Living Support to ensure that funding commitments DDDS has made are honored and that family participants are informed what to expect during the transition.	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
7.	Waiver Eligibility	The commenter objected to the increase in the waiver eligibility age limit from 12 to 14.	DD Council CLASI SCPD Parent	DDDS acknowledges this concern and will retain the current lower bound age limit of 12. Nothing in the waiver document prohibits DDOS from providing state-funded services and supports to individuals under the age of 12, consistent with the DDOS authorizing State <u>Code</u> .	X
8.	Waiver Eligibility	The commenter wanted to ensure that individuals and families were provided with information to enable them to make an informed choice regarding which waiver, the Lifespan Waiver or the DSHP Plus 1115 waiver, would have the most benefit for them	DD Council CLASI SCPD	DDOS acknowledges this comment. The SPAs and RFP for Targeted Case Management indicate that the case managers must inform individuals and families about these options and assist them in making an informed choice. This applies to both for the Community Navigators and the DDOS Support Coordinators.	
9.	Waiver Eligibility	The commenter suggested the use of an assessment tool currently used by the DSHP Plus program as the Level of Care tool for the Lifespan waiver and for the medical necessity criteria for residential services.	DD Council CLASI SCPD	DDOS will evaluate the tool and will make a determination as to whether it can be used in the LOC evaluation or eligibility for residential services for the future	
10.	Waiver Eligibility	The commenter expressed concern that the application does not explicitly reference Prader-Willi Syndrome in the waiver eligibility check off box.	DD Council CLASI SCPD	The waiver application is housed in a proprietary software application that controls what can be entered into the application. The check boxes on page 22 of the waiver application do not allow for text to be added. That is the purpose of the text box in B-1-b. DDOS has made it clear in the waiver	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				application that Prader-Willi Syndrome is a qualifying condition.	
11.	Waiver Eligibility	The commenters advocated for an expansion of waiver financial eligibility from 250 to 300% of the FBR.	DD Council CLASI SCPD	The state's financial constraints do not allow for an expansion of the financial eligibility limit at this time.	
12.	Waiver Eligibility	The commenter pointed out that in the Target Group matrix in Appendix B-1-a of the waiver application, the box for "Developmental Disability" is not checked and asked if this is a mistake.	Arc of Delaware	This is not a mistake. The Lifespan waiver eligibility criteria does not include individuals that have a developmental disability but no intellectual disability. Medical conditions such as cerebral palsy can result in physical disabilities with or without the presence of an intellectual disability.	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
13.	Waiver Eligibility	The commenter asked if the reserved capacity of 60 slots for individuals who require a residential service is a reduction from the 75 placements that are typically funded for DDDS each year by the Delaware legislature.	Arc of Delaware	The concept of reserved capacity is to ensure that the Lifespan waiver application acknowledges the fact that there are different groupings of individuals with IDD that will be served within a single 1915(c) waiver and to indicate the priority for enrollment purposes. The 75 residential placements typically funded by the legislature includes individuals who need a residential support but who do not meet the eligibility criteria for the waiver. These new placements are in addition to slots that can be back-filled as waiver participants exit the waiver each year.	
14.	Waiver Eligibility	The commenter wanted to know the definition of "institution" used in the description of one of the reserved capacity group	Arc of Delaware	"Institution" in this capacity refers to a hospital, nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities	
15.	Waiver Eligibility	The commenter wanted to know how patient liability (called "post eligibility treatment of income" in the waiver application) will apply to individuals living in a waiver residential setting as opposed to persons living in the family home	Arc of Delaware	Individuals living in a waiver residential setting will continue to be assessed a "patient pay" contribution toward their waiver cost of care if they have income over the specified threshold. This calculation is performed AFTER the individual has been determined to meet the financial eligibility for the waiver and is only performed for individuals in the "special income"	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				group who would not be eligible for Medicaid under the regular Medicaid (i.e. non-waiver) threshold. Individuals living in the family home will be allowed to protect all income in recognition of the expected different levels of need when individuals are living in a provider-managed setting versus in their own home/family home. This means that no individual living at home will have a patient pay contribution.	
16.	Waiver Services	The commenters pointed out that the Shared Living service description does not reference allowing married couples to live in a Shared Living setting	DD Council CLASI SCPD	DDDS thanks the commenter for pointing out this omission. This reference will be added to the application.	X
17.	Waiver Services	The commenters indicated that they believe the \$2,700 annual limit for the Community Living Support Service is not sufficient to meet the needs of families. The process for requesting and granting exceptions should be described and shared with families.	Easter Seals Arc of Delaware Ability Network of Delaware	The \$2,700 was based on available funding within the DDDS budget plus the federal Medicaid funds that will be accessed via this amendment. While this amount may not meet the needs of all families, it is considerably higher than the amount of state-only funding most currently receive. The operational details of the waiver, including how the exception process will be managed, will be codified before the effective date of 7/1/17 and will be posted on the DDDS or DMAP websites.	
18.	Waiver Services	The commenter asked about the cost of the	Arc of Delaware	The RFP for this service has not yet	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		Agency with Choice broker that will administer the self-directed option for the waiver service Community Living Support and whether waiver providers can bid on the upcoming RFP for this service.		been developed. Therefore, the cost of the broker is not known at this time. The broker contract will be partially funded with federal Medicaid funds as a Medicaid administrative expense. It is likely that the RFP will include a requirement that the vendor who manages this functions be "conflict free" and not provide any other waiver service.	
19.	Waiver Services	The commenter recommended adding a task to the list of FMS functions performed by the Agency With Choice Broker of "responding to IRS inquiries regarding tax withholding." They also recommended that the DDDS AWC Liaisons should monitor the performance of the AWC Broker in responding to IRS questions timely.	Parent	DDDS will add this task to the list of duties of the AWC under Appendix E-1-i-iii and will ensure that this is one of the performance metrics tracked by the DDDS AWC Broker Liaisons	X
20.	Waiver Services	The commenter recommended that AWC Broker should not be required to participate in interviewing prospective self-directed caregivers and should only assist with interviews if requested by the waiver participant.	Parent	The AWC Broker is a joint employer with the waiver participant/guardian. Interviewing prospective candidates is a function of the employer, so it is appropriate for both parties to participate in interviews. In response to the comment, language was added to reflect that the Broker can defer to the wishes of the participant regarding whether they want the Broker to be part of the interview. Because many of the individuals who will elect the self-directed option are already receiving	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				state-funded respite or personal care, a streamlined vetting process may need to be developed for the transition period around the amendment go-live date of July 1, 2017 to ensure continuity of care.	
21.	Waiver Services	The commenter indicated that they do not think that CPR training should be required for caregivers under the self-directed option	Parent	CPR training is not mandated for all caregivers but it may be required for some caregivers, based on the unique needs of each waiver participant.	
22.	Waiver Services	The commenter pointed out that the chart regarding Goals for Participant Self-direction in Appendix E-1-n starts at year 1 and not year 4, as do the other charts that relate to the addition of new participants and services per the amendment.	Parent	DDDS thanks the commenter for pointing out this error. This will be corrected.	X
23.	Waiver Services	The commenter asked what DDDS used as the basis for the estimate of 300 individuals initially selecting the self-directed option in SFY2018.	Parent	The estimate was based on DDDS consumers currently receiving state-funded respite and personal care and anticipating how many of those participants would apply for and meet the eligibility criteria for the Lifespan Waiver.	
24.	Waiver Services	The commenter asked if there are limits for the following new waiver services: <ul style="list-style-type: none"> <li>• Community Participation</li> <li>• Specialized Medical Equipment</li> <li>• Community Transition component of Residential Habilitation</li> </ul>	Arc of Delaware	<ul style="list-style-type: none"> <li>• Community Participation – limited only by level of need</li> <li>• Specialized Medical Equipment – limited only by level of need</li> <li>• Community Transition component of Residential Habilitation – limited to \$4,000 per participant every 4</li> </ul>	



#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		<ul style="list-style-type: none"> <li>AT Training and Assessment</li> </ul>		years <ul style="list-style-type: none"> <li>AT Training and Assessment - limited only by level of need</li> </ul>	
25.	Waiver Services	The commenter asked for the basis of the limit of 40 hours per week for Supported Living.	Parents	This service was designed for individuals who can live relatively independently in a home that they own or rent, with some support. The basis of the limit was a belief that individuals requiring more than 40 hours of support per week may be better served in one of the waiver residential support models. Nevertheless, in this waiver application, DDDS has added an exception process to the 40 hour limit with proper justification and documentation. Please note that this service is not designed to provide around-the-clock supports.	
26.	Waiver Services	The commenter asked for clarification about the difference between the following services: Community Living Support and Supported Living. Can Community Living Support be increased above \$2,700 so that the person does not have to move out of his/her family home?	Parent	Supported Living is designed for individuals who can live relatively independently, with some support, in a home that they own or rent, i.e. a non-provider managed setting. Community Living Support is designed for individuals who live in his/her family home. Both services offer an exception process for individuals with extraordinary needs for which the prescribed limit may be exceed with justification and proper documentation.	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
27.	Waiver Services	The commenter asked if the financial limits on waiver services (where applicable) are mutually exclusive.	Arc of Delaware	Yes – the financial limits for each service are mutually exclusive	
28.	Waiver Services	The commenter asked which waiver services that are subject to a financial or unit limit can be exceeded with DDDS approval, what the exception process looks like and whether there will be an appeal process.	Arc of Delaware	<p>The following services that have a financial or unit cap can be exceeded with DDDS approval:</p> <ul style="list-style-type: none"> <li>• Community Living Support</li> <li>• Assistive Technology equipment</li> <li>• Supported Living</li> </ul> <p>The operational details of the waiver, including how the exception process will be managed, will be documented before the effective date of 7/1/17 and will be posted on the DDDS website. As with any adverse Medicaid decision, waiver participants may request a Medicaid Fair Hearing for a denial of a request for an exception. Participants may also use the internal DDDS Appeals process described in Appendix F-2 if they wish, in lieu of or in addition to requesting a Medicaid Fair Hearing.</p>	
29.	Waiver Services	The commenter asked about the required staffing ratio for the Community Participation Service and whether there was a limit on the number of individuals who can choose this service or the number of hours per day or week.	Parent	Community Participation is designed to require a staffing ratio of no more than 1:2. The preference is for a 1:1 service but some individuals may feel more comfortable exploring his or her community with a friend, as identified	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				through the person-centered planning process, so this is accommodated within this service model. DDS will revise the service description to clarify this expectation.	
30.	Waiver Services	The commenter asked for an explanation of the “medical necessity” criteria for Residential Habilitation referred to in the Summary of the Lifespan Amendment and how and by whom it will be applied.	Arc of Delaware	<p>Per the waiver amendment:  <i>Residential services may be available to individuals whose health and safety conditions pose a serious at risk immediate harm or death to the individual or others, who are the victims of abuse or neglect or who have experienced the loss of a caregiver or a change in the caregiver's status that prevents them from meeting the needs of the individual and that puts them at risk of homelessness. The need for residential services must be demonstrated, documented and prioritized using a standardized assessment tool administered by the state.</i></p> <p>The needs based criteria for each service will be applied by the case manager as part of the planning process either upon the initial entry into the waiver or over time as the needs of the individual change.</p>	
31.	Waiver Services	The commenter asked for clarification		Room and board is not covered by	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		regarding the service description for Residential Habilitation which says, "Payments for residential habilitation are not made for room and board".		Medicaid as part of the service called "residential habilitation" because it is an HCBS service and not an institutional service. The Medicaid HCBS authority only covers the services delivered to the individual while they live in a waiver residential setting, not the cost of the setting itself. The waiver participant is expected to pay the cost of room and board. Many participants pay for this from their monthly SSI benefit.	
32.	Waiver Services	The commenter asked if individuals enrolled in the Lifespan waiver who are living in a non-waiver residential setting can receive the Nurse and Behavioral Consultation services that are currently available under the DDDS waiver.	Parent	Yes. Those services are available to all waiver participants who meet the needs based criteria for those two services.	
33.	Waiver Services	The commented indicated that a previous version of a "Family Support" waiver proposed by DDDS included dental services. The commenter asked if dental services are covered under the Lifespan Amendment	Parent	Dental Services are not covered in the Lifespan Amendment. DDDS had requested funding in the FY16 Budget to cover \$1,500/person/year for dental services as part of a stand-alone Family Support waiver it was working on at that time. Funding was not approved and the state's financial picture has worsened since that time. Medicaid eligible individuals under the age of 21 are eligible to receive dental services as a Medicaid EPSDT benefit.	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
34.	Waiver Services	The commenters asked what the unit of a “visit” for respite camp equates to.	DD Council CLASI SCPD	Only one type of unit can be entered for each service in Appendix J. DDDS chose “visit” for respite camps because it can encompass way camp services are currently delivered and paid for, i.e. per stay, per week or per day. This is consistent with how DDDS has tracked utilization for respite camps in the past.	
35.	Waiver Services	The commenters recommend adding a reference to WIOA.	DD Council CLASI SCPD	With the enactment of WIOA, Congress broadened the services that can be provided to individuals with disabilities under the Rehab Act to include activities that can be covered as components of prevocational service. DDDS will add the same language to the definition of prevocational service that currently exists for Supported Employment to indicate that funding under the Rehab Act must be exhausted before Medicaid funds can be used. DDDS thanks the commenters for this comment.	X
36.	Waiver Services	The commenter objected to the language regarding exhausting off-the-shelf products for Assistive Technology equipment before seeking custom equipment. The commenters also objected to the requirement limiting AT to the “lowest cost option that will meet the person’s needs, including refurbished	DD Council CLASI SCPD	DDDS will change the language to make it clear that participants must <i>explore</i> off the shelf products to determine if there are any that can meet their needs. DDDS will also ensure, by internal protocol, that the needs of the participant are taken into	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		equipment”.		account in determining the most appropriate and cost effective solution. This will include considerations such as timeliness of delivery and warranties, in the event that refurbished equipment is recommended.	
37.	Waiver Services	The commenters recommend broadening the qualifications for providers of specialized DME to include non-traditional providers as in the case of Assistive Technology.	DD Council CLASI SCPD	Because of the high potential for fraud in this area, the ACA added new provider requirements for DME providers under Medicare and new screening requirements under Medicaid. DMMA now requires DME providers to be certified by Medicare before they can enroll. This saves Delaware from having to perform those same vetting processes. For this reason, DDDS has adopted the DMMA qualifications for DME providers. We may revisit this in the future if there is not a sufficient supply of DME providers to meet client needs.	
38.	Waiver Services	The commenters are concerned about the requirement for Vehicle Modifications that the vehicle must be the “primary means of transportation” in order for modifications to be covered.	DD Council CLASI SCPD	This language was taken directly from CMS’s Core Service definitions for HCB services. However, DDDS does agree that it appears to be overly strict. DDDS will change the language that indicates that the vehicle must be “one of the primary means of transportation”.	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
39.	Waiver Services	The commenters are concerned that there is no exception process articulated for the cap on home or vehicle modifications.	DD Council CLASI SCPD	Budget constraints to not allow for an exception process at this time. This is also consistent with the criteria for home modifications under the DSHP Plus LTSS program. After the program has some operational history, this will be re-evaluated in the future.	
40.	Waiver Services	The commenters recommended more stringent guidelines for work performed under the Home Modification service category.	DD Council CLASI SCPD	DDDS will add the requirement for obtaining necessary permits to the sentence indicating that all work must be done in accordance with applicable building codes. DDDS has also added language requiring providers or home and Vehicle modifications to provide a 1 year warranty.	X
41.	Waiver Services	The commenters questioned the allowance of relatives as caregivers for some waiver services and not for others	DD Council CLASI SCPD	The only service categories in which DDDS needs to indicate whether relatives can be a qualified provider are those services that allow "individuals" to deliver a service as opposed to "agencies. There are check boxes for these categories for each service in the application. The only Lifespan waiver services that can be provided by "individuals" are Community Living Support and Residential Habilitation via a Shared Living Provider. As the state gains experience with relatives as paid caregivers, it will continue to evaluate whether other services would be	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				potentially good fits with the service types and provider qualifications. While composing this response, DDDS discovered that the box for “relative” had inadvertently been checked for the Supported Living service. This is being fixed in the application.	
42.	Waiver Services	The commenters questioned why the only service that references self-advocacy training is Residential Habilitation. They recommend that this be a component part of the day and employment services.	DD Council CLASI SCPD	DDDS agrees with this comment and will add self-advocacy training to the list of covered activities for the day and employment services and supported living.	X
43.	Waiver Services	The commenters indicated that it is unclear whether all of providers of the newly added family support services need to be approved by the DDDS Authorized Provider Committee.	DD Council CLASI SCPD	Because providers of Home/Vehicle Modifications, Community Transition, AT equipment supplier are likely to need to enroll only in connection with the submission of a quote for a specific participant, these providers will not go through the DDDS Authorized Provider Committee and will instead go through a different approval process that will be developed by DDDS prior to the implementation of the waiver amendment.	
44.	Waiver Services	The commenters asked the state to consider allowing guardians to be paid caregivers under the self-directed option for Community Living Support	DD Council CLASI SCPD Autism DE	DDDS has rethought its original position on this item in light of being told by many parents that they were encouraged by school officials to apply for guardianship of their children with IDD, even when those children would	X



#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				likely be able to make informed decisions as adults. These parents also tell us that it is very difficult to get the court to revoke guardianship. This language will be revised to indicate the circumstances under which a guardian can be a self-directed caregiver.	
45.	Waiver Services	The commenters pointed out that the waiver does not reference the IBSER regulations as one of the qualifications of providers for Residential Habilitation and recommended that the reference be added.	DD Council CLASI SCPD	All providers under the amended waiver must comply with DDDS waiver provider qualifications and standards, regardless of any other requirements to which they may be subject. There are no DDDS waiver participants residing in Advoserv settings that are solely governed by the IBSER regulations. Therefore the IBSER regulations do not need to be cited as a qualification standard for Residential Habilitation.	
46.	Case management	The commenters expressed concern with the requirement for only one face-to-face monitoring contact per year for the Community Navigators. The commenter also questioned why there is no unit for case management in Appendix J.	DD Council CLASI SCPD	In establishing the minimum face to face contact schedule, DDDS was mindful of the need to maintain costs within existing budget allocations. Community Navigators are required to monitor each case once a month, but the monitoring does not have to be face to face. With regard to Appendix J. DDDS has indicated in the waiver application that case management will be provided via the optional State Plan service of Targeted Case	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				Management. Because this service is provided under the State Plan and not the waiver, it does not need to be listed in Appendix J as a separate service.	
47.	Case Management	The commenter expressed concern that the caseload ratio of 1:60 for the Community Navigators is too high.	Arc of Delaware	DDDS has selected a caseload ratio of 1:60 based on its experience contracting with individuals it calls Family Support Specialists to perform certain aspects of case management and within available funding. The caseload for those individuals is typically 1:100. This ratio will be evaluated over time as the program gains some history.	
48.	Case Management	The commenter expressed concern over the plan to have two separate sets of case managers depending on whether a waiver participant lives in the family home or in a provider managed waiver residential setting. The commenter advocated for a single unified system.	Parent	DDDS employees have historically provided case management for individuals living in a provider-managed waiver residential setting. There are currently 35 DDDS case managers (called Support Coordinators in the waiver amendment). DDDS estimates that an additional 40 Community Navigators will be needed to deliver case management for waiver participants living in the family home at the planned ratio of 1:60. State agencies have not been allowed to request new state positions for several years. Therefore, the only way to deliver case	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				management for the new set of waiver participants who will live in the family home is to deliver it via a private vendor, while preserving the state employees that currently deliver case management.	
49.	Person Centered Planning	The commenters express confusion over the requirement for the minimum time period within which the person centered plan <u>must</u> be revised on an annual basis versus changes to the plan that <u>may</u> need to be made within the year due to a change in the person's circumstances.	DD Council CLASI SCPD	HCBS regulations require the person centered plan for each waiver participant to be reviewed and revised, if necessary, within 365 days of the last annual plan update. Inter-periodic revisions to the plan may be made any time the circumstances of the participant change. DDDS is still required to conduct a full plan review within 365 days of the previous review, even if the plan has been revised in the interim.	
50.	Person Centered Planning	The commenters recommend that the same plan be used for individuals living at home and for individuals living in a residential setting.	DD Council CLASI SCPD Parent Ability Network of Delaware	While the essential elements of the PCP for both groups is the same (i.e. identifying paid and unpaid supports to address "what is important FOR me" and "what is important TO me" and who will provide them), the needs and level of detail required for individuals living in a waiver residential setting are different than for individuals living in his/her family home. The Lifespan Plan was designed for individuals living in a waiver residential setting who have a relatively large array of paid supports.	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				Because these individuals live in a provider-managed setting, these plans are heavily focused on risk assessment and risk mitigation strategies. The planning process/tool for individuals living in the family home, on the other hand, is designed to focus on building a network of unpaid supports using other family, friends and community resources. The tools and processes of “discovery” that lead to the development of the plan are also somewhat different. DDDS has designed the PCP processes and plans with that in mind.	
51.	Person Centered Planning	The commenter expressed concern that having two formats for the person centered plan may make it confusing for providers.	Easter Seals	While there will be two formats for the PCP, much of the content will be the same. DDDS will work with providers to make sure that they can easily identify the piece(s) of the plan for which they are responsible for delivering a service. Once providers go through a learning curve, we believe that they will adapt to these new processes.	
52.	Person Centered Planning	The commenter wanted to know if the Person Centered Plan templates and processes are available for review.	Arc of Delaware	The Lifespan Plan Manual that will be used for individuals who live in a waiver residential setting has already been shared in draft with stakeholders including providers, the DDDS Governor’s Advisory Committee, self-	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				advocates and families. It will be available on the DDDS website as soon as it is finalized. The discovery and planning tools for participants living in his/her family home are available on the DDDS website via a link to the Supporting Families Across the Life Course – Community of Practice.	
53.	Person Centered Planning	The commenters indicated that the reference to guardians and their role in the planning process is not consistent in the application.	Parents	Guardians, for individuals that have them, will always be included in decision making processes for waiver participants. DDDS will add summary statements in applicable sections of the waiver to indicate that any reference that is made regarding the waiver participant will always include the guardian, in their decision making capacity, for participants that have guardians.	X
54.	Person Centered Planning	The commenter indicated that the current language in the waiver conveyed decision making authority to certain entities that exceeded their legal authority.	DD Council CLASI SCPD	DDDS acknowledges this comment and has revised the waiver amendment language to address this concern.	X
55.	Participant Safeguards	The commenters recommend revising the language on Medicaid Fair Hearings to include “denial” of services and appeal of a rights complaint.	DD Council CLASI SCPD	DDDS will add “denial” of a Medicaid service to the list of circumstances for which a Medicaid Fair Hearing or alternative dispute resolution through DDDS can be pursued. This section of the waiver application only addresses	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				alternative methods of dispute resolution related to adverse decisions that can also be appealed as a Medicaid Fair Hearing request. Rights complaints that do not involve adverse decisions related to a waiver service are not addressed in this section. Nevertheless, DDDS does operate a dispute resolution process that includes appeal rights for rights complaints.	
56.	Participant Safeguards	The commenters point out that the DDDS references to the Mandt crisis intervention training make it appear that it is the only such type of training allowed but then there is a reference to a "DDDS-approved equivalent."	DD Council CLASI SCPD	DDDS will ensure consistency between the two parts of the application. While DDDS has preferred the Mandt training, it can approve other crisis intervention curricula which cover the same topics as are covered under the Mandt training curriculum and for which the intervention approaches are consistent with DDDS Policy.	X
57.	Participant Safeguards	The commenters indicated that the list of prohibited practices in the section on Participant Safeguards does not include "chemical restraint"	DD Council CLASI SCPD	Chemical restraint is a prohibited practice according to the DDDS Policy on the Use of Restraints and Restrictive Procedures for Behavior Support. It was inadvertently left off the list when it was copied into the waiver application. The list will be revised to include this item. DDDS thanks the commenter for this observation.	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
58.	Participant Safeguards	The commenter wanted to know how the DHSS PM 46 policy would apply to family support services provided under the Lifespan waiver.	Arc of Delaware	The DHSS Policy Memorandum 46 which was revised in August 2016, only applies to DDDS day and residential programs. DDDS has separate Division policies regarding reporting of critical incidents and abuse and neglect, that require reporting on incidents that occur during the provision of <u>any</u> DDDS service, including family support services. Per DDDS Policy, reports must be made for any suspected abuse or neglect related to individuals receiving family support services in addition to individuals living in a residential setting. In addition to other mandatory "reporters", the TCM vendor(s) will be required to report any suspected abuse or neglect. All reports of abuse or neglect will continue to be reported to the DDDS Office of Investigative Services. Two of the waiver performance measures track incidents of abuse and neglect. It is DDDS's intention to publish all of the waiver measures on the DDDS website at some point in the near future.	
59.	Quality Assurance	The commenter wanted to know what role the DDDS Performance Analysis Committee (PAC) will play regarding the current and new family support services.	Arc of Delaware	Performance measures will be reported on all waiver services as appropriate (some measures only apply to residential settings). The PAC	

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
				will monitor all waiver performance measures as well as other DDDS data using the Divstat reporting tool developed by DDDS.	
60.	Quality Assurance	The commenter requested more information about the DivStat reporting tool.	Arc of Delaware	DivStat is a tool to collect and report on waiver performance measures so that they can be analyzed by the DDDS Performance Analysis Committee. The PAC meets once a month to review both the data, any issues related to reporting the data and the status of any corrective action plans for waiver measures that do not meet the CMS standard of at least 85% compliance. It is DDDS's intention to publish the DivStat report on the DDDS website at some point in the near future.	
61.	Rates	The commenters questioned the adequacy of the rate for a PASA personal attendant at 75% of the Home Health Agency HHA rate.	DD Council CLASI SCPD Arc of Delaware	Rates for attendant care for PASA agencies tend to be lower than for HHAs because of the less stringent regulations for PASAs and their corresponding lower overhead. The 75% was based on surveys of area providers and is consistent with the former Delaware Elderly and Disabled Waiver fee schedule.	
62.	Rates	The commenter expressed confusion regarding rates paid to caregivers for Community Living Support under the self-	Ability Network of Delaware	Hourly payment rates under the self-directed option will be negotiated between the AWC broker and the	



#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		directed option and rates paid to Home Health or PASA agencies that may provide that service.		waiver participant acting as joint employers and the caregiver. The AWC broker will negotiate these rates within a fee schedule that will equate the payment with the level of skill or education, the level of complexity of needs of the participant or other relevant factors affecting the rate of pay. The AWC will work with the participant to negotiate the lowest rate possible that will meet the participant's needs so as to maximize the number of hours that can be purchased within the \$2,700 annual allotment. The methodology for rates paid to attendants or home health aides employed by PASAs or HHAs are specified in Appendix J. There will be a set fee schedule for each type of provider. Services delivered by a PASA or HHA will not be managed by the AWC Broker, as they are not self-directed.	
63.	Rates	The commenters recommended that the requirement to obtain at least two bids/estimates for AT, specialized DME and home or vehicle modifications from the section on Rates, Billing and Claims should be repeated in the service descriptions for each of those services. A recommendation was also made for DDDS to waive the		The requirement to obtain 2 bids/estimates will be addressed in revisions that will be made to the DMAP DDDS Waiver Provider Specific Manual available on the Provider portal on the web related to the Lifespan Waiver amendment. DDDS will ensure that the requirement for	X

#	Theme	Comment	Commenter	Response	Change to Amdmnt noted by X
		requirement for two bids in the event that the delay of receiving the service would pose a health or safety risk to a waiver participant.		bids/estimates will be clearly delineated in the service descriptions for each of those services in the manual. DDDS agrees with the recommendation regarding allowing DDDS to waive the bid requirement under exigent circumstances and has revised the waiver application accordingly.	
64.	Rates	The commenter recommended that the waiver include provisions for price adjustments to keep pace with inflation.	Easter Seals Arc of Delaware	Rates for waiver services are constrained by available budget resources. It is not possible to include an inflator such as the commenter suggests at this time.	